FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL											
OMB Number:	3235-028										

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

ONB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							
hours per response:	0.5						

Name and Address of Reporting Person* LaViscount Joyce N					2. Issuer Name and Ticker or Trading Symbol HELIUS MEDICAL TECHNOLOGIES, INC. [HSDT]										Check a	II app Direc	nship of Reporting P applicable) Director Officer (give title		Person(s) to Issuer 10% Owner Other (specify	
(Last) 642 NEV SUITE 1		rst) (ARDLEY ROAI	(Middle) DLEY ROAD				3. Date of Earliest Transaction (Month/Day/Year) 02/28/2020										v)	and CO	below)	
(Street) NEWTO (City)	WN PA		18940 Zip)		4. If	Ame	endment,	Date o	f Original	l Filed	d (Month/Da	ay/Ye	ar)		ine) X	Form	r Joint/Group n filed by Ond n filed by Mod on	e Report	ing Pers	on
		Tabl	e I - Noi	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, o	r Ben	efici	ally O	wne	ed			
Date					Day/Year) if a		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. 5)		ties Acquired (A) I Of (D) (Instr. 3, 4			4 and Sec Ber		ount of ties cially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount		(A) or (D)	Price	, т	ransa	action(s) 3 and 4)			(
Class A C	Common Sto	ock		02/28	3/2020				A		3,016	1)	A	\$0.9	91 ⁽²⁾	4	6,532	Ι		
		Та									osed of, onvertib					ned				
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year)		if any	ution Date, Coc Cot th/Day/Year)		nsaction of Deri Secu Acqu (A) o Disp of (I (Inst and		of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares		8. Pric Deriva Securi (Instr.	ivative urity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Explanation of Responses:

- 1. These shares are represented by fully vested restricted stock awards (the "RSAs").
- 2. The RSAs were issued to the Reporting Person in connection with the Reporting Person's election to participate in the Company's salary reduction program, pursuant to which the Reporting Person will receive RSAs in lieu of a percentage of the Reporting Person's cash compensation.

Remarks:

/s/ Joyce LaViscount

** Signature of Reporting Person Date

03/02/2020

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.